MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.			* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
1	/		/					51						
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13	/		/					63						
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								65						
								66						
17	/		/					67						
								68						
19	/		/					69						
20	/	2	/	8				70						
21		2		8				71						
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44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	14							TOTAL IND.						
TOTAL DEP.	9							TOTAL DEP.						
TOTAL CLAIMS	23							TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS